

## PART B—ISSUE FEE TRANSMITTAL

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 8 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addresses entered in Block 1 unless you direct otherwise by: (a) specifying a new correspondence address in Block 3 below, or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing, below.

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**DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231**

## 1. CORRESPONDENCE ADDRESS

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## 2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and Zip Code

CO-INVENTOR'S NAME

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City, State and Zip Code

 Check if additional changes are enclosed

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/419,719	04/10/95	010	GRAHAM, M	3304 02/03/97

First Name

Applicant

AUGUSTINE.

SCOTT D.

TITLE OF  
INVENTION: INFLATABLE LOWER BODY THERMAL BLANKET

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
3 1342-119	607-107.000	J14	UTILITY	YES	\$645.00	05/05/97

## 3. Correspondence address change (Complete only if there is a change)

Terrance A. Meador, Esq.  
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4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 BAKER, MAXHAM,

2 JESTER &amp; MEADOR

3

## 5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:  
AUGUSTINE MEDICAL, INC.  
(2) ADDRESS: (CITY & STATE OR COUNTRY)  
Eden Prairie, Minnesota

## 6a. The following fees are enclosed:

 Issue Fee  Advance Order - # of Copies TEN (10)

## 6b. The following fees should be charged to:

DEPOSIT ACCOUNT NUMBER 02-0460

(ENCLOSE A COPY OF THIS FORM)

 Issue Fee  Advance Order - # of Copies Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the issue fee to the application identified above.

(Authorized Signature) *Terrance A. Meador* (Date)

TERRANCE A. MEADOR

3/4/97

NOTE: The issue fee will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

## Certificate of Mailing

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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Box ISSUE FEE

Assistant Commissioner for Patents  
Washington, D.C. 20231

on: March 4, 1997 (Date)  
TERRANCE A. MEADOR (Name of person making deposit)  
*Terrance A. Meador* (Signature)  
March 4, 1997 (Date)